

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580 179

FILING DATE

5.19.04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73			1			
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87			1			
88						
89						
90						
91						
92						
93			1			
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	56	←		←
TOTAL CLAIMS			61			

*CBW*